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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 **SO** 21810 04/29/2010 **EXAMINER** ART UNIT **CLASS-SUBCLASS** SMITH, MATTHEW J 3635 052-125200 Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Dr. Paul VINCENT CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. 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